



LIVERMORE  
SCHOOL DISTRICT

# CERTIFICATED ADDITIONAL PAY TIMESHEET

EMPLOYEE NAME \_\_\_\_\_ ID # \_\_\_\_\_

WORK SITE \_\_\_\_\_ MONTH/YEAR \_\_\_\_\_

**CHECK ONE:**

CURRICULAR RATE

PER DIEM

(one type per timesheet)

CLASS COVERAGE (1-16)

CLASS COVERAGE (17+)

**DEADLINES - Period of 1<sup>st</sup> – 10<sup>th</sup> and Period of 11<sup>th</sup> – 31<sup>st</sup> each due in the Payroll Office by 5:00 pm next business day**

DATE	TIME IN	TIME OUT	TOTAL HRS	REASON FOR EXTRA SERVICES/COMMENTS <i>(Please do not include any student names or information)</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
TOTAL HOURS FOR PERIOD				

\_\_\_\_\_  
Employee Signature                                  Date

\_\_\_\_\_  
Authorized Site Signature                          Date

\_\_\_\_\_  
District Signature (if applicable)                  Date

\_\_\_\_\_  
District Signature (Req. for Per Diem Rate)          Date

Account Code (FND-OBJT-RESC-GOAL-FUNC-LOC-MG-Y-COST) \_\_\_\_\_

**PAYROLL USE ONLY**

\_\_\_\_\_ @ \$ \_\_\_\_\_ = \_\_\_\_\_  
\_\_\_\_\_ @ \$ \_\_\_\_\_ = \_\_\_\_\_

GRAND TOTAL \_\_\_\_\_  
PAID